

**Problem Gambling Outpatient Treatment Allocate Funding Based on All Draws in SFY15 Q1-3 the Annualized & Adjusted Based on Performance**

	Draws from July through March 2015	Total FY15 Projected Claims (July-March x 1.25)	Performance Rating Adjustment (7/7 performance standards = 15% increase, 6/7 = 10%, 5/7 = 5%, 4/7 = 0%, 3/7= neg 15%)	SFY 2015 Grant Award	Difference Plus/Minus in Award	Projected Need for FY16 Award
Bristlecone		#VALUE!			#VALUE!	#VALUE!
New Frontier		0			0	0
Pathways		0			0	0
PGC - Las Vegas		0			0	0
PGC - Reno		0			0	0
All Treatment Providers		#VALUE!		0	#VALUE!	#VALUE!
Total Available						
Difference (Total Available - Total FY16 Funding Need)						

**DHHS Problem Gambling Treatment Grantee Performance Standards**

1. **Access:** The amount of time between a problem gambling affected individual's request for outpatient services and the first offered appointment must be five business days or less for at least 90% of service all individuals receiving services funded through this Agreement.
2. **Retention:** The percent of problem gambling affected individuals receiving services funded through this Agreement who actively engage in problem gambling treatment for at least 10 clinical contact sessions must not be less than 40%.
3. **Successful Completion:** The percent of all individuals receiving services funded through this Agreement who successfully complete treatment must not be less than 35%.  
A successful problem gambling treatment completion is defined as the individual's: (a) achievement of at least 75% of short-term treatment goals, (b) completion of a continued wellness plan (i.e., relapse prevention plan), and (c) lack of engagement in problem gambling behaviors for at least 30 days prior to discharge from services.
4. **Client Satisfaction:** The percent of problem gambling affected individuals receiving services funded through this Agreement who complete a problem gambling client satisfaction survey would positively recommend the Provider to others must not be less than 85%.
5. **Long-term Outcome:** The percent of problem gambling affected individuals receiving services funded through this Agreement who successfully complete treatment whose responses to a problem gambling follow-up survey suggest maintained improvement at one year after treatment entry must not be less than 50%.
6. **Consent for Follow-Up Evaluation:** percentage of clients at clinic consenting for follow-up evaluation should be no less than 80% of the average percentage of clients consenting system-wide.
7. **Case Cost:** The average outpatient treatment cost per case no more than 120% of the average cost per case across all DHHS funded outpatient gambling treatment grantees.
8. **Service Cost Share:** The percentage of total reported services not claimed for DHHS reimbursement should be no more 120% of the average percentage of total reported services not claimed for DHHS reimbursement across all DHHS treatment grantees.
9. **Global Performance Rating:**  $(p1+p2+p3+p4+p5+p6+p7+p8)/8$  where each performance measure is assigned a score of 1 if the clinic meets the standard, or 0 when the standard is not met. When long term data is not available, use  $(p1+p2+p3+p4+p6+p7+p8)/7$ .

**Problem Gambling Residential Treatment Allocation**

1. Assumptions: Residential problem gambling treatment has a higher cost-per-case than outpatient treatment (XXXXXX compared to XXXXXXXX)
2. Principles: Residential problem gambling treatment is reserved for those clients in greatest need.
3. Issues: Historically, many disordered gamblers in residential treatment are placed in this high level of care primarily due to a lack of housing rather than severity level of gambling disorder (residential clients do not have a higher average DSM Gambling Disorder score than those client's in intensive outpatient treatment).
4. Limitations: Available funding for problem gambling treatment is insufficient to meet treatment demand.  
Is offering residential treatment to a significant proportion of treatment seekers out of reach for current budget?
5. Proposed Resolution Options:
  - (a) Limit funding for residential treatment to 10% of total treatment allocation and apply above outpatient treatment allocation formula
  - (b) Reduce the number of residential treatment centers from two to one
  - (c) Revise admission criteria to disallow the transfer of clients from residential alcohol and drug treatment to residential gambling treatment